

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

21177

Registration District No.

2204

Registered No.

110.

(For use of Local Registrar)

(No.)

St.

Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Laura Mook Cat

If child is not yet named, make supplemental report as directed

Boy or Girl?

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

FULL NAME

Gen. P. Cat

PRESENT POSTOFFICE OF FATHER

Taylor R-2

COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

39

(Years)

BIRTHPLACE

Pennsylvania (contingent)

OCCUPATION

Farmer

Number of children born to mother, including present birth

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Powers

(15) PRESENT POSTOFFICE OF MOTHER

Taylor R-2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

Gaffney S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

101

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by)

(27) Filed 8-0-1923 (28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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